



Water Resources Program
Application for a Water Right Permit

☐ SURFACE WATER ☒ GROUND WATER ☒ PERMANENT 12 DEC 18 AIO :05

☐ TEMPORARY ☐ SHORT TERM ☐ DROUGHT

Follow the attached instructions. Attach additional sheets as necessary.

DEPT. OF ECOLOGY
FISCAL & BUDGET

*A NON-REFUNDABLE MINIMUM FEE OF \$50.00 MUST ACCOMPANY THIS APPLICATION.

Section 1. APPLICANT

Applicant/Business Name: <u>Martin Konnerup / Quaint Acres Water System</u>	Phone No: <u>360 387 0005</u>	Other No (cell) <u>425 508 3235</u>
Address: <u>74 N. Sunrise Blvd.</u>		
City: <u>Camano Island</u>	State: <u>WA</u>	Zip: <u>98282</u>
Email Address (optional): <u>MTJ Konn @ G.mail.com</u>		

Contact Name (if different from above): <u>Martin Konnerup</u>	Phone No: <u>360 387-0005</u>	Other No (cell) <u>425 508-3235</u>
Relationship to Applicant: <u>same</u>		
Address: <u>74 N. Sunrise Blvd.</u>		
City: <u>Camano Island</u>	State: <u>WA</u>	Zip: <u>98282</u>
Email Address (optional): <u>MTJ Konn @ G.Mail.com</u>		

Legal Land Owner or Part Owner Name of the Proposed Place of Use: <u>Martin Konnerup PREP Konnerup Est.</u>	Phone No: <u>360 387 0005</u>	Other No (cell) <u>425 508 3235</u>
Address: <u>74 N. Sunrise Blvd.</u>		
City: <u>Camano Island</u>	State: <u>WA</u>	Zip: <u>98282</u>
Email Address (optional): <u>MTJ Konn @ G.Mail.com</u>		

Section 2. STATEMENT OF INTENT

Briefly describe the purpose of your proposed project: provide water hookups for up to (9) nine lots for our proposed short plat.

Anticipated length of time to complete your project: (1) one year

Water Use List all purposes for which water will be applied to a beneficial use and list quantity required for each.

Purpose(s) of Use	Rate (check one box only)		Acre-Feet per Year (AF/YR) (If known)	Period of Use (Continuously or Seasonal)
	<input type="checkbox"/> Cubic Feet per Second (CFS)	<input checked="" type="checkbox"/> Gallons per Minute (GPM)		
Domestic - SFR's		30 GPM (Ave)		Continuously
TOTAL:		30 GPM		

For Ecology Use	APPLICATION NO: <u>61-28745</u>	SEPA: Exempt/Not Exempt <u>(X)</u>
	Fee Paid: <u>50-</u> Check No: <u>1003</u>	ECY Coding: 001-001-WR1-0285-000011
Date Returned	By	Priority Date <u>12/18/12</u> By <u>DVB</u> WRJA: <u>6</u>

Short Term/Temporary Water UseIs this a request for a short term project (less than four months and non-recurring)? ☐ YES ☒ NOIs this request for a temporary permit? ☐ YES ☒ NO

If yes to either question above, indicate the dates that the water will be needed:

FROM: ____/____/____ TO: ____/____/____

Section 3. POINT OF DIVERSION OR WITHDRAWAL

(Complete A or B, and C below)

A.) If Surface Water Source				B.) If Ground Water Source			
<input type="checkbox"/> Spring <input type="checkbox"/> Creek <input type="checkbox"/> River <input type="checkbox"/> Lake <input type="checkbox"/> Other: _____				<input checked="" type="checkbox"/> Well(s) <input type="checkbox"/> Other: _____			
Source Name: _____				Well diameter & depth: <u>6" x 160'</u>			
Tributary to: _____				Number of proposed points of withdrawal: <u>1</u>			
Number of proposed diversion points: _____				Do you have an existing well? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
Do you have an existing diversion? <input type="checkbox"/> YES <input type="checkbox"/> NO				If available, attach Water Well Report and pump test.			
				Well Tag ID No. <u>AHN323</u>			
C.) Point of Diversion/Withdrawal - Legal Description							
Parcel No.	1/4	1/4	Section	Township	Range	County	
<u>33232-108-2040</u>		<u>SW</u>	<u>32</u>	<u>32</u>	<u>3E</u>	<u>Island</u>	
Lot(s)	Block(s)		Subdivision				
If known, enter the distances in feet from the point of diversion or withdrawal to the nearest section corner: _____ Feet (<input type="checkbox"/> North/ <input type="checkbox"/> South) and _____ feet (<input type="checkbox"/> East/ <input type="checkbox"/> West) <u>unknown</u> from the (<input type="checkbox"/> NW <input type="checkbox"/> SW <input type="checkbox"/> NE <input type="checkbox"/> SE <input type="checkbox"/>) corner of Section _____							
Parcel No.	1/4	1/4	Section	Township	Range	County	
Lot(s)	Block(s)		Subdivision				
If known, enter the distances in feet from the point of diversion or withdrawal to the nearest section corner: _____ feet (<input type="checkbox"/> North/ <input type="checkbox"/> South) and _____ feet (<input type="checkbox"/> East/ <input type="checkbox"/> West) from the (<input type="checkbox"/> NW <input type="checkbox"/> SW <input type="checkbox"/> NE <input type="checkbox"/> SE <input type="checkbox"/>) corner of Section _____							

NOTE: If more than two points of diversion/withdrawal attach additional information on a separate sheet of paper.

Do you own the land on which the proposed point of diversion/withdrawal is located? ☒ YES ☐ NOIf no, do you have legal authority to make this application for use of another's land? ☐ YES ☐ NO

Provide the owner name(s), address, and phone number: _____

Section 4. PLACE OF USE

Attach a copy of the legal description of the property (on which the water will be used) taken from a real estate contract, property deed or title insurance policy, or copy it carefully in the space below.

<u>See Attached</u>						
1/4	1/4	Section	Twp.	Range	County	Parcel No.
	<u>SW</u>	<u>32</u>	<u>32</u>	<u>3E</u>	<u>Island</u>	<u>R 33232-091-2040</u>
						<u>R 33232-008-2040</u>
						<u>R 33232-093-2700</u>

For Ecology Use	APPLICATION NO: _____		SEPA: Exempt/Not Exempt		
	Fee Paid: _____		Check No: _____		
			ECY Coding: 001-001-WR1-0285-00011		
Date Returned _____		By _____		Priority Date _____	
		By _____		WRJA: _____	

Do you own all the lands on which the proposed place of use is located? ☒ YES ☐ NO.

If no, do you have legal authority to make this application for use of another's land? ☐ YES ☐ NO

Provide owner name(s), address, and phone number: N/A

Are there any other water rights or claims associated with this property or water system? ☐ YES ☒ NO

If yes, provide the water right and/or claim numbers: _____

Attach a map of your project showing the point of diversion/withdrawal and place of use. If platted property, be sure to include a complete copy of the plat map.

Section 5. WATER SYSTEM DESCRIPTION

Describe your proposed water system (include type and size of devices used to divert or withdraw water from source): _____

Water is pumped from well,
into pressure tanks to pressurize
the mains. A simple pressure system.

Section 6. DOMESTIC WATER SUPPLY SYSTEM INFORMATION

(Complete A or B, and C below)

A.) Domestic Water Systems only	B.) Municipal Water Systems only (defined under RCW 90.03.015)
Projected number of connections to be served: <u>(9) nine</u>	Present population to be served water: _____
Type of connections: <u>Single Family Homes</u> (e.g., home, recreational cabin)	Estimate future population to be served: _____ (20 year projection)
C.) Water System Planning	
Do you have a Water System Plan approved by the Washington State Department of Health, Drinking Water Division? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
If yes, date plan was approved ____/____/____ Water System Number: _____	
Name of water system: _____	
Are you within the service area of an existing water system? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
If yes, explain why you are unable to connect to the system: _____	

Section 7. IRRIGATION/STOCKWATER/OTHER FARM USES

Irrigation N/A

Total number of acres requested to be irrigated under this application = _____ ACRES

NOTE: Outline the area to be irrigated on your attached map.

Stockwater

List number and kind of stock: N/A

Is the proposed project for a dairy farm? ☐ YES ☒ NO

Other Proposed Farm Uses

Describe all proposed uses: N/A

Family Farm Water Act (RCW 90.66):

Calculate the acreage in which you have a controlling interest, including only:

- Acreage irrigated under water rights acquired after December 8, 1977,
- Acreage proposed to be irrigated under this application, and
- Acreage proposed to be irrigated under other pending application(s).

Is the combined acreage under existing rights greater than 6000 acres? ☐ YES ☐ NO

Do you have a controlling interest in a Family Farm Development Permit? ☐ YES ☐ NO

If yes, enter Permit No: N/A

Section 8. OTHER WATER USES

Hydropower

Indicate total feet of head _____ and proposed capacity in kilowatts: _____

Describe works: N/A

Indicate all uses to which power is to be applied: _____

FERC License No: _____

Mining/Industrial Use

Describe use, method of supplying and utilizing water: N/A

Other Use

Section 9. WATER STORAGE

Will you be using a dam, dike, or other structure to retain or store water? ☐ YES ☒ NO

Are you proposing to store more than 10 acre-feet of water? ☐ YES ☒ NO

Will the water depth be 10 feet or more? ☐ YES ☒ NO

If you answered yes to any of the above questions, please describe: _____

NOTE: If you will be storing 10 acre-feet or more of water and/or if the water depth will be 10 feet or more at the deepest point and some portion of the storage will be above grade, you must also complete an Application for Permit to Construct a Reservoir and a Dam Construction Permit and Application.

Section 10. DRIVING DIRECTIONS

Provide detailed driving directions to the project site: I-5 north to exit 212 west WA 532 to Stanwood/Camano Isl. (go 10.1 miles) turn left on Sunrise Blvd. (go 1.9 miles) turn left onto gravel driveway just past Livingston Bay Rd. - 100 yds to pump house - 100 yds more to house 74 N. Sunrise Blvd.
Site Address: 74 N. Sunrise Blvd. Camano Island WA 98282

Section 11. REQUIRED SIGNATURES

I certify that the information provided in this application is true and accurate to the best of my knowledge. I understand that in order to process my application, I grant staff from the Department of Ecology access to the site for inspection and monitoring purposes. Even though the employees of the Department of Ecology may have assisted me in the preparation of the above application, all responsibility for the accuracy of the information rests with me, the applicant.

Martin Konnerup
Print Name
(Applicant or authorized representative)

Martin Konnerup
Signature

4 Dec 2012
Date

Martin Konnerup
Print Name
(Legal Owner or Part Owner Place of Use)

Martin Konnerup
Signature

4 Dec 2012
Date

Print Name
(Legal Owner or Part Owner Place of Use)

Signature

Date

Print Name
(Legal Owner or Part Owner Place of Use)

Signature

Date

Please check the region in which the project is located:

*Submit your application to: DEPARTMENT OF ECOLOGY CASHIERING SECTION PO BOX 47611 OLYMPIA, WA 98504-7611	<input type="checkbox"/> Central Regional Office 15 W Yakima Avenue, Suite 200 Yakima, WA 98902 (509) 575-2490	<input type="checkbox"/> Eastern Regional Office 4601 N. Monroe Spokane, WA 99205-1295 (509) 329-3400
	<input checked="" type="checkbox"/> Northwest Regional Office 3190 - 160 th Avenue SE Bellevue, WA 98008-5452 (425) 649-7000	<input type="checkbox"/> Southwest Regional Office PO Box 47775 Olympia, WA 98504-7775 (360) 407-6300

If you have questions about your application, contact the Water Resources program at the regional office in which your project is located.

